

EDITORIAL

Distinct themes for the advanced practice providers in andrology

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Sexual medicine is still a dynamic, developing approach. Similar to the progress witnessed in other urological domains, the field of sexual medicine continues to evolve, probably at an even more rapid steps than certain other areas of medicine. Although many new concepts continue to evolve, confusion often challenges many physicians.

This specific issue of *UroPrecision*, aims to update the interested physicians on the latest and most discussed “Hot Topics” in the field. Additionally, according to the recent literature, in this special issue, the authors have provided current information associated with these specific topics. Hereby, I would like to state that, in the present specific issue of *UroPrecision*, at least practically it was impossible to comprehensively provide all the latest developments in every specific topic. However, as mentioned before in this issue, we aimed to address conditions, which are still discussable and are not widely defined. This editorial summarizes the contents of the included articles which are written by internationally recognized authors in their respective sexual medicine disciplines.

İbiş et al. evaluated the erectile and ejaculatory outcomes after holmium laser enucleation of the prostate (HoLEP). Actually, in recent years HoLEP has emerged as a worldwide used surgical technique for the management of benign prostatic hyperplasia (BPH), regardless of prostate size. However, the impact of this technique on male sexual function such as erectile and ejaculatory function remains a subject of debate. In this review article, the authors have searched robust data from the literature and showed that HoLEP has a moderate favorable effect on erectile function (EF). In contrast, it has been reported that retrograde ejaculation is a frequent and expected outcome, with incidence rates typically ranging from 74% to 78%. The authors concluded that while HoLEP is an effective and durable treatment for BPH, there is a high likelihood of ejaculatory dysfunction^[1].

Albayrak and Usta in their manuscript tried to answer the question if or not penile traction therapy (PTT) can be added to the armamentarium as a minimally invasive option for penile rehabilitation after radical pelvic surgery. PTT has been reported as a non-invasive intervention which stimulates tissue remodeling, preserves length, and reduces fibrosis. Although this treatment was developed for Peyronie's disease, PTT is recently considered for penile rehabilitation following pelvic surgery. The results of this manuscript basically showed that, while PTT use remains off-label in this context, it represents a promising method for multimodal penile rehabilitation strategies^[2].

Zhang et al. have evaluated the effect of various treatment options including oral phosphodiesterase type 5 inhibitors, intracavernosal injections, and vacuum erection devices, used alone or in combination on EF for penile rehabilitation after radical pelvic surgery. Furthermore, the possible efficacy of novel investigational approaches such as low-intensity shockwave therapy, stem cell therapy, platelet-rich plasma therapy and nerve grafting was also evaluated in this paper. More importantly, the authors have discussed the evidence-based issue and rationality of these options from a scientific point of view^[3].

Degirmenci et al. have provided “Tips and Tricks” for preserving the neurovascular bundle during radical robotic prostatectomy. In this manuscript, the authors have reviewed the details of different “nerve sparing techniques” according to their experiences and the recent literature as well. The authors reported that nerve-sparing techniques play a crucial role in preserving postoperative EF and urinary continence. However, the authors revealed that postoperative success rates are associated with careful patient selection and precise intraoperative decision-making^[4].

Mahdi et al. have assessed the efficacy of current surgical strategies for a not commonly seen clinical

entity, namely supersonic transporter (SST) deformity or Floppy Glans syndrome. While this condition is a rarely seen complication, it causes to high rates of unsatisfaction in men after inflatable penile prosthesis implantation. The authors have reported both the results of conservative treatment options and surgical glanulopexy technique in their valuable paper. This paper will be really helpful for “high volume” physicians, who are dealing with inflatable penile prosthesis surgery^[5].

I strongly believe that this specific issue of *UroPrecision* will be very helpful for the readers and sexual medicine providers. All the manuscripts are written under the guidance of the recent literature. In this issue, we preferred to discuss the not very well-defined conditions rather than the widely accepted topics. I am thankful to the authors who contributed to this special issue. They are to be congratulated.

AUTHOR CONTRIBUTIONS

Mustafa Faruk Usta is solely responsible for the design and drafting of this editorial.

CONFLICT OF INTEREST STATEMENT

The author declares no conflicts of interest.

ETHICS STATEMENT

Not applicable.

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